

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000007065

FILED
Jun 30, 2009
Secretary of State

Entity Name: HEIR DAYCARE INCORPORATED

Current Principal Place of Business:

2100 DUNN AVENUE
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

2100 DUNN AVENUE
JACKSONVILLE, FL 32218

New Mailing Address:

FEI Number: 01-0797992 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

THOMAS, DAVID
2100 DUNN AVE
JACKSONVILLE, FL 32218 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DAVID M THOMAS

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: THOMAS, DAVID M
Address: 3938 MURLFIELD BLVD E.
City-St-Zip: JACKSONVILLE, FL 32225

Title: T () Delete
Name: COLBERT, DAMIKA
Address: 870 ASHTON COVE TERRACE
City-St-Zip: JACONVILLE, FL 32218

Title: S () Delete
Name: NIEDA, THOMAS
Address: 11511 LAGUNA CRT
City-St-Zip: JACKSONVILLE, FL 32218

Title: D () Delete
Name: HAMMET, HARVEY
Address: 2100 DUNN AVENUE
City-St-Zip: JACKSONVILLE, FL 32218

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HARVEY T HAMMETT

MR

06/30/2009

Electronic Signature of Signing Officer or Director

Date